



Northumberland County Schools Federal Credit Union

PO Box 455 Milton, PA 17847-0455
Phone: 570-742-3903 Fax: 570-742-0389

LOAN REQUEST FORM

APPLICANT INFORMATION

Amount Requested: \$ _____ Term: _____ Purpose: _____

Collateral: _____

Name:

Date of birth:	Last Four Digits of SSN:	Phone:
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Current address:

City:	State:	ZIP Code:
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Own Rent (Please circle)	Monthly payment or rent:	How long?
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Previous address:

City:	State:	ZIP Code:
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Owned Rented (Please circle)	Monthly payment or rent:	How long?
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IF YOU ARE AN EXISTING LOANLINER® PLAN HOLDER, PLEASE COMPLETE APPLICANT INFORMATION AND UPDATE ANY CHANGES IN EMPLOYMENT AND INCOME SINCE YOUR LAST LOAN REQUEST WITH THE CREDIT UNION.

IF YOU ARE NOT AN EXISTING LOANLINER® PLAN HOLDER, PLEASE COMPLETE ALL INFORMATION BELOW AND RETURN LOAN REQUEST FORM WITH CURRENT VERIFICATION OF INCOME (AT LEAST ONE MONTH OF PAYSTUBS OR LAST TWO YEARS OF COMPLETE TAX RETURNS REQUIRED FOR SELF-EMPLOYED BORROWERS).

EMPLOYMENT INFORMATION (IF CHANGED SINCE LAST LOAN REQUEST)

Current employer:

Employer address:	How long?
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Phone:	E-mail:	Fax:
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City:	State:	ZIP Code:
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Position:	Hourly Salary (Please circle)	Annual income:
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Previous employer:

Address:	How long?
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Phone:	E-mail:	Fax:
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City:	State:	ZIP Code:
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Position:	Hourly Salary (Please circle)	Annual income:
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Name of a relative not residing with you:

Address:	Phone:
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City:	State:	ZIP Code:
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Relationship:

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT (CO-BORROWER MUST BE A MEMBER)

Name:

Date of birth:	SSN:	Phone:
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Current address:

City:	State:	ZIP Code:
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Own Rent (Please circle)	Monthly payment or rent:	How long?
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Previous address:

City:	State:	ZIP Code:
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Owned Rented (Please circle)	Monthly payment or rent:	How long?
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EMPLOYMENT INFORMATION

Current employer:



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Employer address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
Previous employer:			
Address:			
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
APPLICATION INFORMATION CONTINUED			
Name of a relative not residing with you:			
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			
CREDIT CARDS			
Name	Last 4 of Account no.	Current balance	Monthly payment
MORTGAGE COMPANY			
Account no.:	Address:		
AUTO LOANS			
Auto loans	Last 4 of Account no.	Balance	Monthly payment
OTHER LOANS, DEBTS, OR OBLIGATIONS			
Description	Last 4 of Account no.	Amount	
OTHER ASSETS OR SOURCES OF INCOME			
Description	Amount per month or value		
<p>You promise that everything you have stated above is correct to the best of your knowledge. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit received. A Loanliner® Plan must be completed and signed prior to loan disbursement, for new plan holders. A loan officer will contact you to discuss this loan request. If you do not want to submit this form online, please return it to the credit union by mail or fax.</p>			
Signature of applicant			Date
Signature of co-applicant, if for joint account			Date